

42 105 33

1/1

ERIK BÄNDER COLL.

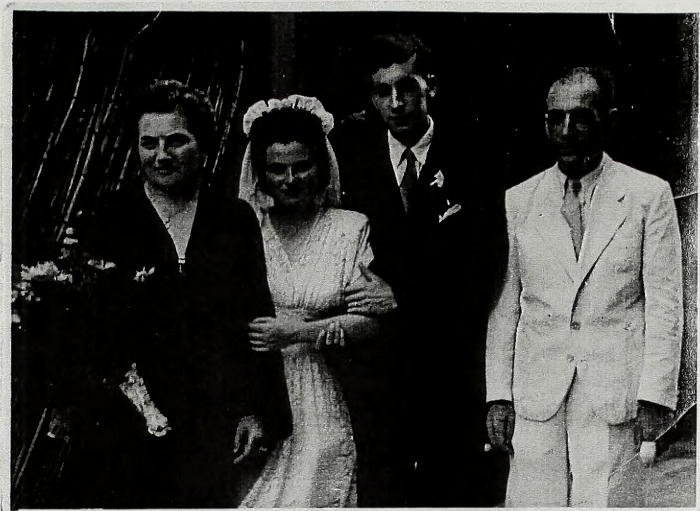
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July 7, 1946

Erika Stuhler/ Bander
Rolly





Meta Stuhler/ Stemple Erika nd Harry Bander OscarSStemple



June 29, 1947 Erika & Harry Bander



Regina Betty Harry Cziwia Aaron Bander

Betrachtet man die sechs Personen nach ihrer Familien-
zusammengehörigkeit, ergeben sich im Grunde nur zwei
verschiedene Stammbäume:

Stammbaum Nußbaum, Stammbaum Stühler.

Erika Bander, Toni Conn und Alfred Stühler gehören der
Hammelburger Großfamilie Stühler an. Es lassen sich
deren Vorfahren bis in die Zeit, in der Hammelburg noch
unter fildischer Herrschaft stand, zurückverfolgen, nahm
ja im Jahre 1811 ein Hammelburger Familienoberhaupt
mit dem bisherigen Namen Moises Abraham den neuen
Namen Moises Stühler an.

Toni Conn und Alfred Stühler sind Geschwister, und
gegenüber der heutigen Saale-Zeitung wohnten sie. Ihr
Vater war der Viehhändler Adolf Stühler, ihre Mutter, eine
geb. Brunnigässer, stammte aus Bastheim.

Erika Bander, geb. Stühler, ist 1925 geboren. Ihr Vater
war der Likörfabrikant Arnold Stühler (auch "Essig-
Stühler" genannt), ihre Mutter Meta, eine geb. Schild aus
Höllrich. Die Familie besaß eine Brennerei und ein
Wohnhaus in der Josef-Schultheis-Straße. (Der hohe
Schornstein markiert noch heute die Wirkungsstätte.) Als
Erika 10 Jahre alt war, starb plötzlich der Vater³⁾. Erika
und ihre Mutter zogen daraufhin zu Verwandten nach
Hamburg.

1941, in letzter Minute, gelang ihnen die Flucht aus
Deutschland. Der Fluchtweg führte über Rußland und die
Mandschurei nach Schanghai. Dort lebten sie 5 Jahre im
Schanghai-Ghetto, bis sie nach Amerika ausreisen
durften.

HSIN KWANG WEAVING FACTORY
706/3 Kungping Road

Shanghai, May 12.1945

Miss Erika Stühler, Point Road was working in our factory
from October 1.1943 to April 30.1945 as weaver.

Miss Stühler was honest, diligent and her behavior was always
to our full satisfaction.

We wish her all the best for the future.

HSIN KWANG WEAVING FACTORY
The Manager

Nº 026141

預防接種證明書
(附健康證明書)
INTERNATIONAL CERTIFICATES
OF INOCULATION AND VACCINATION
(WITH HEALTH CERTIFICATE)



衛生署上海海港檢疫所
SHANGHAI QUARANTINE SERVICE
NATIONAL HEALTH ADMINISTRATION
REPUBLIC OF CHINA

11128-117

INTERNATIONAL CERTIFICATE
OF INOCULATION AND VACCINATION



REPUBLIC OF CHINA
MINISTRY OF HEALTH
QUARANTINE SERVICE



姓名 Erika Band 年齡 22 性別 female

國籍或籍貫 Stateless
Nationality or Province

通訊處 818/48 Tongshan Rd
Home Address

業經全部接種預防疫苗，注射日期 種類，
次數，詳列如下：並經本所加蓋印章，以示慎重。

This is to certify that the above-mentioned person whose
Signature appears below, has been Vaccinated and Inoculated
against the following diseases.

Diseases	注射日期 Date of Inoculation	次數 No. of Times
黃熱病 Yellow Fever		
鼠疫 Plague		
霍亂 Cholera	<u>5.22, 1947</u>	<u>1</u>
斑疹傷寒 Typhus Fever		
天花 Smallpox	<u>12/5/47</u>	<u>1</u>
傷寒 Typhoid Fever		

受種人簽字 Erika Band
Signature of person Vaccinated

檢疫所蓋印
Official Stamp
of Quarantine
Service

頒發日期
Date of issue

MAY 13 1947

Director

QUARANTINE SERVICE
SHANGHAI

預防天花接種證明書
International Certificate of Vaccination Against Smallpox
(此處蓋機關印信) (Official Stamp)

茲證明 Erika Bander 年齡 22 性別 female
This is to Certify that Erika Bander (Age 22 Sex: female)
業經接種預防天花疫苗
Has been Vaccinated Against Smallpox
疫苗來源及號數 S.H.C.
Origin and Batch No. of Vaccine: S.H.C.

接種人簽字 Rout Lee
Signature of Vaccinator: Rout Lee
接種人職
Official Position:
地點 S.O.S. 接種日期 May 13, '47
Place: S.O.S. Date: May 13, '47
受種人簽字 Erika Bander
Signature of Person Vaccinated: Erika Bander

注意 初次受種者須在接種後八至十四天內報告醫師，如係復種者須在接種後十四天內報告醫師。
Important: In the case of primary vaccination, report to a medical Doctor between 8th to 14th day and in the case of revaccination report after 48 hours for first inspection.

茲證明本醫師曾檢查上述受種人，其結果分別如下：
This is to certify that the above Vaccinated person was inspected by me on the date (s) and with the result (s) shown hereunder:—
檢查日期 檢查結果
Date of Inspection. Result.

May 13, '47 Immune

醫師簽字 Shuboro
Signature of Doctor: Shuboro
醫師職位
Official position:
地點 S.O.S. 日期 May 13, '47
Place: S.O.S. Date: May 13, '47
受種人簽字
Signature of Person Vaccinated:

注意：須註明(1)免疫反應(2)加速反應(3)初種反應，無反應者，概不作效。

Use one of the following terms in stating the result viz:- "Reaction of immunity" "Accelerated reaction (Vaccinoid)", "Typical primary vaccinia", a certificate of "No Reaction" will not be accepted.

本證書自頒發之日起三年內有效
This certificate is not valid for more than 3 years from date of issue.

預防黃熱病接種證明書
International Certificate of Inoculation Against Yellow Fever

(此處蓋機關印信) (Official Stamp)

茲證明 君年齡 性別
This is to certify that (Age: Sex:)

業已接受黃熱病預防接種
Whose signature appears below has this day been inoculated by me against Yellow Fever.

疫苗來源及號數
Origin and Batch No. of Vaccine:

接種人簽字
Signature of inoculating officer:

接種人職位
Official Position:

地點 日期
Place: Date:

受種人簽字
Signature of person Vaccinated:

注意：(1)所用疫苗和方法必須經衛生署許可
(2)須在注射後十天，或
(3)未滿四足年者本證書方為有效

This certificate is not Valid:

- (a) Unless the vaccine and the method employed have been approved by NHA
(b) Unless 10 days after the date of the inoculation except in the case of persons re-inoculated within 4 years.
(c) For more than 4 years from the date of the last inoculation.

黃熱病免疫證明書
International Certificate of immunity Against Yellow Fever

(此處蓋機關印信) (Official Stamp)

茲證明 君年齡 性別
This is to certify that (Age: Sex:)

曾患黃熱病其免疫力經白鼠保護試驗證實
Whose signature appears below is immune to yellow fever as the result of an attack of the disease. This immunity has been demonstrated by the mouse protection test.

採血日期
Date of bleeding:

採血地點
Place of bleeding:

舉辦試驗室之名稱
Name of laboratory performing test:

試驗室所在地
Location of Laboratory:

試驗日期 試驗結果
Date of test: Result of test:

試驗所所長簽字
Signature of Laboratory director:

受試驗人簽字
Signature of person tested:

注意：(甲)該試驗所必須經衛生署核准
(乙)驗血未滿十年方為有效

This certificated is not valid:

- (a) Unless the Laboratory performing the blood test and the method employed have been approved by NHA
(b) For more than ten years from the date of the blood test.

預防鼠疫接種證明書
International Certificate of Inoculation Against Plague

(此處蓋機關印信) (Official Stamp)

茲證明 君年齡 性別
This is to certify that (Age: Sex:)

當經接受鼠疫預防接種
Whose signature appears below was on the dates indicated inoculated against Plague.

疫 苗 Material			接種人員 Inoculating Officer	
日期 Date	來源 Origin	號數 Batch No.	簽字 Signature	職位 Official Title

受種人簽字
Signature of person Inoculated:

日期
Date of Issuing:

注意：本證書自頒發之日起一年內有效
This certificate is not valid for more than one year from the date of issuing.

預防傷寒接種證明書
Certificate of Inoculation Against Typhoid Fever

(此處蓋機關印信) (Official Stamp)

茲證明 君年齡 性別
This is to certify that (Age: Sex:)

當經接受傷寒預防接種
Whose signature appears below was on the dates indicated inoculated against Typhoid Fever.

疫 苗 Material			接種人員 Inoculating Officer	
日期 Date	來源 Origin	號數 Batch No.	簽字 Signature	職位 Official Title

受種人簽字
Signature of person Inoculated:

日期
Date of Issuing:

注意：本證書自頒發之日起一年內有效
This certificate is not valid for more than one year from the date of issuing.

預防斑疹傷寒接種證明書
International Certificate of Inoculation Against Typhus Fever

(此處蓋機關印信) (Official Stamp)

茲證明 君年齡 性別
This is to certify that (Age: Sex:)

業經接受斑疹傷寒預防接種
Whose signature appears below was on the dates indicated inoculated against Typhus Fever.

疫苗 Material			接種人員 Inoculating Officer	
日期 Date	來源 Origin	號數及菌型 Batch No. and type	簽字 Signature	職位 Official Title

受種人簽字
Signature of person inoculated:

日期
Date of Issuing:

注意：本證書自頒發之日起六個月內有效
This certificate is not valid for more than 6 months from the date of issuing.

預防霍亂注射證明書
International Certificate of Inoculation Against Cholera

(此處蓋機關印信) (Official Stamp)

茲證明 君年齡 性別
This is to certify that (Age: Sex:)

業經接受霍亂預防注射
Whose signature appears below was on the dates indicated inoculated against Cholera.

疫苗 Material			接種人員 Inoculating Officer	
日期 Date	來源 Origin	號數及菌型 Batch No. and type	簽字 Signature	職位 Official Title
5.22	市衛局			醫師

受種人簽字
Signature of person inoculated:

日期
Date of Issuing: 5.22.1947

注意：本證書自頒發之日起六個月內有效
This certificate is not valid for more than 6 months from the date of issuing.

其他預防接種證明書
Certificate of other Vaccinations

[illegible]

其他預防接種證明書
Certificate of other Vaccinations

[illegible]

衛生署上海海港檢疫所

健康證明書

字第

號

查

君

性

年

歲

籍

業於

年

月

日

經

醫師

院

施行

體格

檢查

結果

果確屬正常健康並未染患慢性或

惡性傳染疾病(包括沙眼麻瘋及

肺癆)合予證明此證

所長

SHANGHAI QUARANTINE SERVICE
NATIONAL HEALTH ADMINISTRATION
REPUBLIC OF CHINA

HEALTH CERTIFICATE

Date.....

This is to certify that.....

(Sex:.....Age:.....Nationality:.....)

was given a complete physical examination

on.....at.....

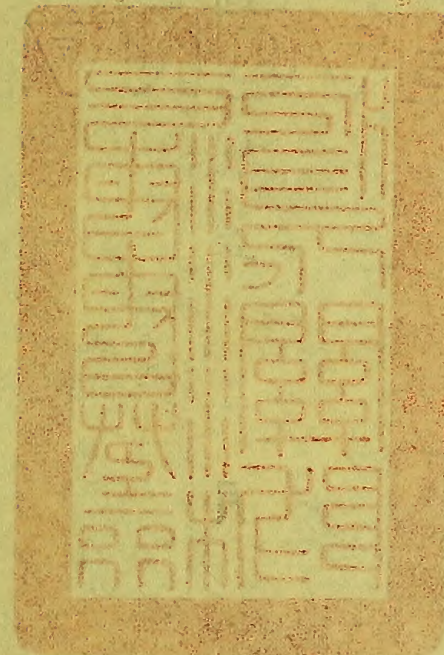
(Date)

(Name of accredited Hospital or Physician)

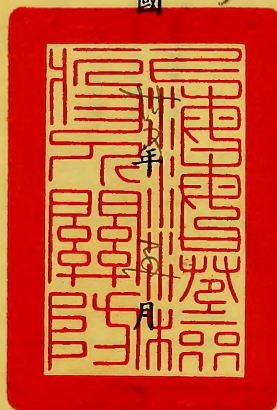
and found to be in good health, not suffering from any contagious, chronic or disease of pernicious character including Trachoma, Leprosy and Tuberculosis.

Director,

Shanghai Quarantine Service



中華民國



日

93
處事辦 部交外
MINISTRY OF FOREIGN AFFAIRS
SHANGHAI OFFICE

NO. 61.....
135/14
74

Date July 14, 1947

GOVERNMENT OF PALESTINE Department of Migration	
Permitted to remain permanently in Palestine as an immigrant	
Serial No. T-129147 D- S-9	Inspector of Migration. Kacorn

TO WHOM IT MAY CONCERN:

This is to certify that the bearer of this letter is
Marta Tempel Stateless , and
formerly held German passport No. 3559
issued on Oct. 10, 1940 , at Hamburg, Germany
and that this passport is now invalid.

This document is given ~~to~~ / her in order to permit
~~her~~ / her to travel out of China and to Palestine
via Necessary countries , provided the necessary
exit visa is obtained.

It is understood that permission to enter the country
of destination has already been obtained.



R. E. Chen
Chen Kuo-lien
Director
Ministry of Foreign Affairs
Shanghai Office

